CHDP ANNUAL SCHOOL REPORT

See instructions on reverse side.

1. School code—public school district or private school

County   School District   School Code

2. Check one
☐ Public school district   ☐ Private school

3. School year
20____ to 20____

4. Number of schools in district with first grade enrollment

5. Telephone number
(   )

6. Please provide name of public school district or private school, mailing address (number, street), City, State, and ZIP code in the space provided below.

7. Physical address (if different from mailing address)   City   State   ZIP code

Name of School (School Districts and Private Agencies Reporting More Than One School Must Complete Items 10–15 for Each School Reported) 8.	Total Number of Children Enrolled in First Grade at Time Report Prepared (Columns 10, 11, 12, 13, and 14) 9.	Number of Children With Report of Health Examination for School Entry (PM 171 A) On File 10.	Number of Children with Waiver of Health Examination for School Entry (PM 171 B)			Number of Children with Neither Documentation Nor Waiver of Examination On File 14.
			Parent Does Not Want the Examination 11.	Parent Unable to Obtain the Examination 12.	Reason Not Specified 13.	
15. Total number of schools reporting	16. Total enrolled first graders	17.	18.	19.	20.	21.

22. Is reimbursement desired?   ☐ Yes   ☐ No   If yes, enter the total from item 16 (x $1) = $_____ (reimbursement)

HAVE ALL ITEMS BEEN COMPLETED?

23. I certify that the numbers of children reported above are true numbers and that the parents and guardians of these children were informed of the requirement for health screening prior to first grade entry, pursuant to Section 124100, Health and Safety Code.

Print name   Signature   Date

24. Name of contact person, if different from above

25. Telephone number of contact person, if different from item 5
(   )

Send the signed original and three copies to the CHDP program in your local health department by January 15.

CHDP ANNUAL SCHOOL REPORT (PM 272)
INSTRUCTIONS

This form is used to report data mandated by Section 124100 of the Health and Safety Code and to invoice for desired reimbursement. Additional copies of the CHDP Annual School Report (PM 272) can be printed from the following web address: www.dhs.ca.gov/publications/forms/pcfh/cms.htm.

1. For public school districts and offices of education, enter the two-digit county code, the five-digit school district code, and seven zeros (0) for the school code. For private schools, enter the two-digit county code, the five-digit school district code, and the seven-digit school code. Codes for public school districts and offices of education are listed in the "California Public School Directory." Codes for private schools are listed in the "California Private School Directory." School codes can also be found at www.cde.ca.gov/schooldir.

2–7. Self-explanatory.

8. Enter the name of each school reporting. If more than seven schools, attach a separate sheet with all required information.

9. Enter total first grade enrollment for each school. The SDE Annual Enrollment Data Report (R30) may be used as a source for this data.

   NOTE: **Ungraded Schools**—Children age six on or before December 2 of any school year are defined as the equivalent of "children entering first grade."

   Special Education Pupils—If school records indicate a complete examination was received within 18 months of first grade entry, report the child as having a documented examination. See "Ungraded Schools" above to determine equivalent of first grade entry.

10. Enter the number of children with a Report of Health Examination for School Entry (PM 171 A) on file. Children with only documentation signed by the parent or oral confirmation by the parent or examiner should be reported in item 14.

11. Enter the number of children with a Waiver of Health Examination for School Entry (PM 171 B) indicating the parent is waiving because they do not want the examination.

12. Enter the number of children with a Waiver (PM 171 B) indicating the parent is waiving because they cannot obtain the examination.

13. Enter the number of children with a Waiver (PM 171 B) with no reason or a reason that does not correspond to items 11 or 12.

14. Enter the number of children with neither documentation of a health examination, as defined in item 10, above, nor a signed waiver as indicated in items 11–13 above. Include children whose parents have not responded or refused to submit documentation/waiver, and the children who entered late and still have 90 days to complete the requirement, etc.

15. Enter the total number of schools reporting (include schools on any attached sheets).

16–21. Enter the total number of children from each column. (Include totals from multiple schools on any attached sheets, if necessary.) Item 16 should equal the total of items 17, 18, 19, 20, and 21.

22. Place an "X" in the appropriate box. If reimbursement is desired, the total count from item 16 is multiplied by $1.00, and the total is entered in the space provided.

23. Print or type name of individual authorized to submit report on the first line. Their original signature and date signed must be entered in ink on the signature and date lines.

24. Print or type the name of contact person, if different from item 23.

25. Print or type the telephone number of the contact person (from items 23 or 24) if it is different from the telephone number in item 5.

Send the signed original and three copies to the CHDP program in the local health department by January 15. Retain one copy for school records.

PM 272 (12/01)